

EXHIBIT B

PAYMENT HISTORY REPORT

Collection Office **USAO** Collection District **NYS** Last Name **Giannelli** First Name **Lisa** CDCS Number **2022A62252** Court Number **20 CR 00160**
Collect Type **0R** Priority Code **01** Scheduled Payment Amount Scheduled Payment Date
Current Liability **\$101,542.58**

Finance Code	Received Date	Received From	Posting Date	Payment Amount
PMNT	09/09/2022	LISA GIANNELLI	09/13/2022	\$100.00
Grand Total				\$100.00